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Bib Data Sheet

CONFIRMATION NO. 9400

SERIAL NUMBER 09/975,622	FILING DATE 10/10/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-10007.00
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APPLICANTS

Paul Stypulkowski, North Oaks, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Steven J. Shumaker
 SHUMAKER & SIEFFERT, P.A.
 8425 Seasons Parkway
 Suite 105
 St. Paul, MN
 55125

TITLE

Implantable percutaneous stimulation lead with lead carrier

FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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